



BASED UP ON SYMPTOMS TO PREVENT PSORIASIS AND PSORIATIC ARTHRITIS

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ABSTRACT

The present study indicates that the Psoriatic arthritis (PsA) is chronic, inflammatory diseases of the joints and enthuses, where tendons and ligaments connect to the bone. It can start at any age and may affect children. The diseases often appear between ages 30 and 50. In this article, learn about treatment and prevention strategies for psoriatic arthritis, as well as the risk factors for developing it. Also, because a small number of people develop psoriatic arthritis without skin symptoms of psoriasis, it can be difficult to identify everyone who is at risk. Also, because a small number of people develop psoriatic arthritis without skin symptoms of psoriasis, it can be difficult to identify everyone who is at risk. The researchers found that, after 1 year of treatment, psoriatic arthritis was in remission in 58% of the people with the disease, compared with 44% of the people with rheumatoid arthritis. A 2019 medical review article Trusted Source highlights the many challenges that doctor's face in trying to prevent psoriatic arthritis. Doctors do not fully understand how or why the disease progresses or who is at risk. More research could, one day, answer these questions. For now, controlling the symptoms of psoriasis before it progresses into arthritis may help reduce the severity of both diseases. Who develop psoriatic arthritis, the right treatment can minimize disease activity.

KEYWORDS: Psoriatic Arthritis is chronic inflammatory diseases of the joints where tendons and ligaments connect to bone. In this article, learn about treatment and prevention strategies for psoriatic arthritis.

INTRODUCTION

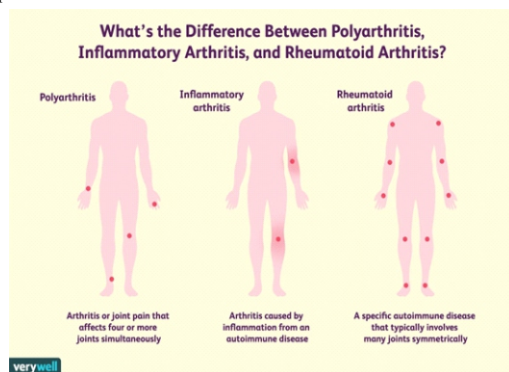
Present study investigated that the psoriasis and psoriatic arthritis are autoimmune diseases, which means that they occur when the body attacks healthy tissue. Basically every year world psoriasis day celebrations in October 29. So that based up on the symptoms how we are going to prevent the diseased conditions. Most chronic diseases, psoriasis may be associated with other health conditions such as "psoriatic arthritis", type-2 diabetics and cardiovascular disease. Apart from that we investigated on psoriatic arthritis because of psoriasis and have experienced pain, stiffness, or swelling in and around joints, experiencing symptoms of a psoriasis that are related disease called psoriatic arthritis. Psoriatic arthritis is a chronic inflammatory disease that affects both skin and joints. Psoriasis on the outside starts as inflammation on the inside. This same inflammation can affect joints as psoriatic arthritis. Present we focused on the preventive strategies for psoriasis focus on identifying triggers and treating symptoms early. Doing so may prevent psoriasis from transitioning to psoriatic arthritis. There is no method to prevent psoriatic arthritis. About 30% of people with psoriasis eventually develop psoriatic arthritis. Optimal treatment for skin is the only way to relieve the symptoms. Exercising regularly can help maintain healthy body weight. Foods that are rich in vitamin C will boost the immune system.

World psoriasis day-October 29*

What is psoriasis?

Psoriasis is a "skin condition" but psoriasis actually starts underneath the skin. It is a chronic (long -lasting) disease of the immune system that can range from mild to severe. Most chronic diseases, psoriasis may be associated with other health conditions such as "psoriatic arthritis", type-2 diabetics and cardiovascular disease.

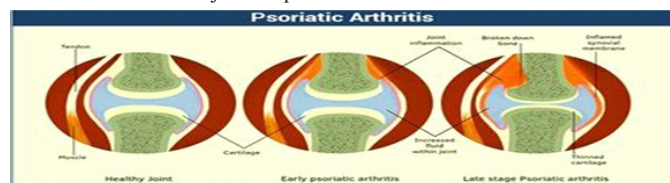
What is psoriatic arthritis?



Both psoriasis and psoriatic arthritis are autoimmune diseases, which means that they occur when the body attacks healthy tissue. Psoriasis and have experienced

pain, stiffness, or swelling in and around joints, experiencing symptoms of a psoriasis-related disease called psoriatic arthritis. Psoriatic arthritis is a chronic inflammatory disease that affects both skin and joints.

Psoriasis on the outside starts as inflammation on the inside. This same inflammation can affect joints as psoriatic arthritis.



Symptoms of psoriasis:

PSA can affect any joints in the body. The most common symptoms can include:

- Red scaly skin patches known as plaques.
- Tender, painful or inflammation in joints.
- Inflammation fingers and toes.
- Morning stiffness.
- Reduced range of motion of the joints.
- General fatigue
- Lower back, upperback, and neck pain
- Changes to nails, such as pitting or separation from the nail bed.
- Small scaly spots (commonly seen in children) dry, cracked skin that may bleed.
- Itching, burning or discomfort or twinge.

Types of psoriatic arthritis and pictures

These are five types

1. Symmetric poly arthritis:

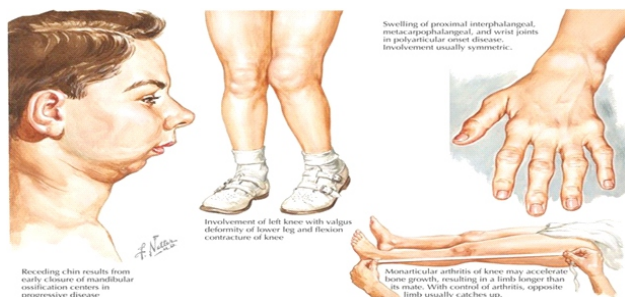
It is defined affects of joints on both sides of body equally both of knees, if at least half of the joints involved of are symmetric. Involvement of large joints such as right and left knees, right and left wrists, and ankle accord more with spondyloarthropathy (SPA), Whereas symmetric involvement of small joints of the hand is expected in rheumatoid arthritis or SLE.



2. Asymmetric oligoarticular arthritis:

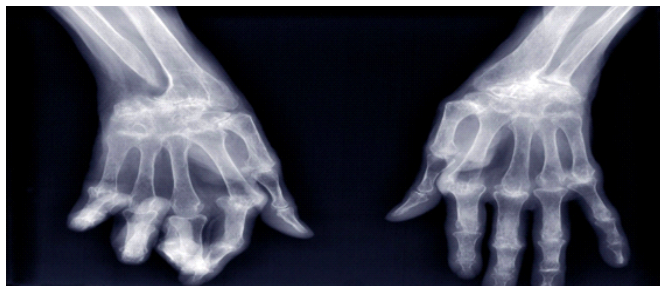
Asymmetric oligoarticular type of psoriatic arthritis involves different joints on each side of the body. Fingers and toes can become enlarged and "sausage"-like.

Symptoms' range from mild to severe.



3. Distal inter phalangean predominant:

Distal inter phalangean predominant involves the joints of the fingers and toes closest to the nails. Changes in the nail are common. Is similar to, and sometimes confused with, osteoarthritis.



4. Spondylitis arthritis:

Spondylitis arthritis is inflammation of the spinal Column. Only about 5% of people with psoriatic arthritis (PSA) have spondylitis as their main symptom but a larger number of people with psoriatic arthritis will have similar symptoms-stiffness in the neck, lower back, pelvic area, or spinal vertebrae.



5. Arthritis Mutilans:

Arthritis Mutilans is a rare medical condition involving severe inflammation damaging the joints of the hands and feet, and resulting in deformation and problems with moving the affected areas, it can also affect the spine, fewer than 5% of psoriatic arthritis patients have this type.



Causes of psoriasis arthritis

Stress,
Infection,
Environment,
Genetic

Note: the inflammation associated with PSA is caused by an abnormal response of immune system which may result in red sprinkled skin patches known as plaques, as well as joint pain and swelling. Who are susceptible, an infection may activate the immune system, triggering the development of psoriatic arthritis.

Risk factors

Psoriasis is the single greatest risk factor for developing psoriatic arthritis.
Family history

Environmental factor
Cigarette smoke
Cold weather
Age

Diagnosis of psoriatic arthritis

Tests for inflammation may help assess whether a person is at risk of psoriatic arthritis, and working to prevent inflammation may help reduce symptoms of the disease.

Physical examination
X-rays
Ultrasound
MRI or CT scan
Skin biopsy

Blood test: blood tests for psoriatic arthritis

Erythrocyte sedimentation rate
C-Reactive factor (CRP)
Rheumatoid factor (RF)
Anti-cyclic citrullinated peptide test
Human leukocyte antigen B27 (HLA-B27)
Serum uric acid

During the exam, doctor might

Areas examine joints for signs of swelling or tenderness.
Check fingernails for pitting, flaking and other abnormalities.
Press on the soles of feet and around heels for to check for tender.
No single test can confirm a diagnosis of psoriatic arthritis. But some types of tests can rule out other causes of joint pain, such as rheumatoid arthritis or gout.

Imaging tests

X-rays: These can help pinpoint changes in the joints that occur in psoriatic arthritis but not in other arthritic conditions.

MRI: This uses radio waves and a strong magnetic field to produce detailed images of both hard and soft tissues in body. MRI can be used to check for problems with the tendons and ligaments in feet and lower back.

Laboratory tests

Rheumatoid factor (RF): RF is an antibody that's often present in the blood of people with rheumatoid arthritis but not usually in the blood of people with psoriatic arthritis. This test can help doctor distinguish between the two conditions.

Joint fluid test: Using a needle, the doctor can remove a small sample of fluid from one of the affected joints — often the knee. Uric acid crystals in joint fluid might indicate that have gout rather than psoriatic arthritis. It's also possible to have both gout and psoriatic arthritis.

Treating psoriatic arthritis

The main goal of psoriatic arthritis treatment is to control the inflammation that causes joints to swell and ache. That will be pain and help prevent further damage.

No specific treatment can prevent psoriatic arthritis, but the right treatment may lessen the severity of the disease.

Ultraviolet phototherapy: Exposure to UV rays slows down formation of too many skin cells and in turn helps reduce scaling.

No cure exists for psoriatic arthritis. Treatment focuses on controlling inflammation in affected joints to prevent joint pain and disability and controlling skin involvement and prevention is better than to cure

One of the most common treatments is prescription medications called disease-modifying antirheumatic drugs (DMARDs).

Treatment will depend on how severe disease is and what joints are affected. May have to try different treatments before find one that brings relief.

Medications

Drugs used to treat psoriatic arthritis include

NSAIDs: Nonsteroidal anti-inflammatory drugs (NSAIDs) can relieve pain and reduce inflammation for people with mild psoriatic arthritis. NSAIDs available without a prescription include ibuprofen (Advil, Motrin IB, others) and naproxen sodium (Aleve). Stronger NSAIDs are available by prescription. Side effects can include stomach irritation, heart problems, and liver and kidney damage.

Conventional DMARDs: (Disease modifying anti-rheumatic drugs) These drugs can slow the progression of psoriatic arthritis and save joints and other tissues from permanent damage.

The most commonly used DMARD is methotrexate (Trexall, Otrexup, others). Others include leflunomide (Arava) and sulfasalazine (Azulfidine). Side effects can include liver damage, bone marrow suppression, and lung inflammation and scarring (fibrosis).

Biologic agents

Biologic medication to reduce inflammation — in people with psoriatic arthritis or rheumatoid arthritis. Also known as biologic response modifiers, this class of DMARD targets different pathways of the immune system. Biologic agents include adalimumab (Humira), certolizumab (Cimzia), etanercept (Enbrel), golimumab (Simponi), infliximab (Remicade), ustekinumab (Stelara), secukinumab (Cosentyx), ixekizumab (Taltz), guselkumab (Tremfya) and abatacept (Orencia). These drugs can increase the risk of infections.

Targeted synthetic DMARDs: Tofacitinib (Xeljanz) might be used if conventional DMARDs and biologic agents haven't been effective. Higher doses of tofacitinib can increase the risk of blood clots in the lungs, serious heart-related events and cancer.

Newer oral medication: Apremilast (Otezla) decreases the activity of an enzyme in the body that controls the activity of inflammation within cells. Apremilast is used for people with mild to moderate psoriatic arthritis who do not want or cannot be treated with DMARDs or biologic agents. Potential side effects include diarrhea, nausea and headaches.

Corticosteroids

Psoriatic arthritis (PsA) is a form of inflammatory arthritis that occurs when the immune system mistakenly attacks healthy tissue in the joints. These attacks trigger inflammation, which leads to joint pain, swelling, and stiffness.

Prednisone is a type of corticosteroid medication that helps reduce systemic inflammation. Prednisone in combination with other treatments to help alleviate PsA symptoms and control the progression of the disease.

Prednisone belongs to a class of medications called corticosteroids. These anti-inflammatory medications are synthetic versions of hormones that the adrenal glands produce.

Corticosteroids to help suppress the immune system or alleviate swelling and inflammation.

Some conditions that corticosteroids may help treat include

- Inflammatory forms of arthritis, such as PsA and rheumatoid arthritis
- Inflammatory bowel disease
- Certain autoimmune conditions
- Asthma
- Allergic rhinitis
- Hives
- Atopic eczema
- Multiple sclerosis

Prevention of psoriatic arthritis

Preventive strategies for psoriasis focus on identifying triggers and treating symptoms early. Doing so may prevent psoriasis from transitioning to psoriatic arthritis.

There is no method to prevent psoriatic arthritis.

About 30% of people with psoriasis eventually develop psoriatic arthritis.

Optimal treatment for skin is the only way to relieve the symptoms.

Exercising regularly can help maintain healthy body weight.

Foods that are rich in vitamin C will boost the immune system.

Psoriatic arthritis is a heterogeneous inflammatory musculoskeletal condition that affects up to a fourth of patients with psoriasis over their lifetime and is notoriously challenging to identify and manage.

Approximately 30% of patients with psoriatic arthritis reach remission after treatment with targeted biological therapies, and average time on therapy is only 1 year.

Given these substandard responses, especially when compared with the substantial amelioration observed in skin psoriasis using the same biological therapies, an alternative strategy for optimizing outcomes is to prevent psoriatic arthritis onset;

Psoriatic arthritis causes joint pain and inflammation, usually in people who already have psoriasis. It is impossible to predict who will get psoriatic arthritis, however, and there is no surefire strategy for preventing it.

CONCLUSION

The present study indicates that the Psoriatic arthritis (PsA) is chronic, inflammatory diseases of the joints and enthuses, where tendons and ligaments connect to bone. It can start at any age and may affect children. The diseases often appears between ages 30 and 50. In this article, learn about treatment and

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